

Date / /
MM DD YY

SSN _____ Medicaid # _____ ID # _____ DOB _____ / _____ / _____
MM DD YY

Name _____ AKA _____
(Last) (First) (Middle) (Last) (First)

Street	Apt. #	City	County	Zip Code	Patient's Tel. #
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Public Health Clinic, Private Physician, Hospital, or other facility _____

☐ Change Name to: _____☐ Change Address to: _____☐ Change Other to (Specify): _____

Country of Origin _____

Date of entry into U.S. _____ / _____ / _____
MM DD YY

Notice of Arrival of Alien with TB class

☐ A ☐ B1 ☐ B2 ☐ B3

Reported At Death

☐ Yes ☐ No**Reported Out of State or Country**

☐ Yes Specify _____
☐ No

SEX	RACE (check all that apply)		ETHNICITY	OCCUPATION (within past 2 years)	
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Health care worker	<input type="checkbox"/> Other occupation _____
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Correctional employee	<input type="checkbox"/> Unemployed within 24 months
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Migrant farm worker	<input type="checkbox"/> Unknown

Resident of Correctional Facility at Time of Dx ☐ Yes ☐ No ☐ Unknown

If Yes ☐ Federal Prison ☐ State Prison ☐ County Jail ☐ City Jail ☐ Juvenile Correction Facility ☐ INS ☐ Other

Resident of Long Term Care Facility at Time of Dx ☐ Yes ☐ No ☐ Unknown

If Yes ☐ Nursing Home ☐ Hospital-Based Facility ☐ Residential Facility ☐ Mental Health Residential Facility

☐ Alcohol/Drug Treatment Facility ☐ Other Long Term Care Facility

Testing activities to find latent TB infections

☐ Patient referred, TB infection ☐ Project targeted testing ☐ Individual targeted testing ☐ Administrative: Not at risk for TB

POPULATION RISKS

☐ Low income

☐ Inner-city resident

☐ Foreign born

***Within past 2 years**

☐ Correctional employee*☐ Health care worker*☐ Prison/Jail inmate*

☐ Long-term facility for the elderly/resident*

☐ Health care facility/resident*☐ Shelter for homeless persons*☐ Migrant farm worker*

☐ None of the above risks apply

MEDICAL RISKS

MEDICAL HISTORY

☐ Diabetes mellitus

☐ Alcohol abuse (within past year)

☐ Tobacco use _____

☐ Silicosis

☐ Corticosteroids or other immunosuppressive therapy

☐ Gastrectomy or jejunoileal bypass

☐ age \leq 5 years

☐ Recent exposure to TB (Contact to a TB case)

☐ Weight at least 10% less than ideal body weight

☐ Chronic malabsorption syndromes

Hematologic disorders: ☐ Leukemia ☐ Lymphoma

Cancer: ☐ Head ☐ Neck

☐ HIV seropositive (check only if laboratory confirmed)

Drug abuse within past year: ☐ Injecting ☐ Non-injecting ☐ Unknown if injecting

☐ Tuberculin skin test conversion within 2 years

☐ Fibrotic lesions (on chest X-ray) consistent with old, healed TB

☐ Chronic renal failure

☐ Organ transplant

☐ None of the above risks apply

☐ Other _____

TB-4



TB-400A (01/03)